

FLS 03 1433

1. CIR./DIST./DIV. CODE FLS		2. PERSON REPRESENTED Williams, Gary		VOUCHER NUMBER																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 0:00-006293-006		5. APPEALS DKT./DEF. NUMBER																																																																																																																				
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Brown (Huck)		8. PAYMENT CATEGORY Felony																																																																																																																				
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See instructions) Probation Revocation																																																																																																																						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Vazquez, Elio 6780 Coral Way Miami FL 33155 Telephone Number: (305) 444-5567			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or otherwise that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require the attorney whose name appears in Item 11 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See instructions) _____ Signature of Presiding Judicial Officer or by Order of the Court: _____ Date of Order: 9/15/03 Nunc Pro Tunc Date: 9/15/03 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																					
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																								
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																								
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE																																																																																																																				
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216
27